

MN-305
(5/94)

1829
MS

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

Unclaimed Dividends/Distribution Less Than \$5 For Deposit To
Registry Fund

Debtor: Steven & Rebecca Kaas

Chapter 7 Case No. 05-36547


Please Check One:

☐ Unclaimed Dividends

☒ Distribution Less Than \$5

<u>Name and Address of Claimant</u>	<u>Claim No.</u>	<u>Amount Claimed</u>	<u>Proposed Distribution</u>
Greg Taylor 105 South 1st Street Marshall, MN 56258-1701	1	\$0.00	\$0.01

Dated: February 24, 2010


PAUL W. BUCHER, TRUSTEE
206 SOUTH BROADWAY SUITE 505
P O BOX 549
ROCHESTER MN 55903-0549
TELEPHONE (507) 288-9111

c: United States Trustee

RECEIVED
10 FEB 26 AM 9:39
U.S. BANKRUPTCY COURT
ST. PAUL, MN

UNITED STATES BANKRUPTCY COURT District of Minnesota		PROOF OF CLAIM
Name of Debtor: STEVEN LEE KAAS REBECCA ANN KAAS		Case Number: 05-36547
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): GREG TAYLOR		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends <input type="checkbox"/> a previously filed claim. Court Claim Number: (If known) Dated:
Name and address where notices should be sent: GREG TAYLOR 105 SOUTH 1ST STREET MARSHALL MN 56258-1701 Telephone number:		
Name and address where payment should be sent (if different from above): Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ _____ If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim. If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date:	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Send original to: U.S. Bankruptcy Court 200 Warren E Burger Federal Bldg & U.S. Courthouse 316 North Robert St. St. Paul, MN 55101	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.